



SUPPLEMENT TO CLAIM FOR REIMBURSEMENT

Department of Career and Technical Education
SFN 7633 (11/03)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

Do Not Use This Form for Claiming Equipment or Travel Expenses

School District/Institution:

Written To	Service Area	Purpose	Amount

I certify that the information submitted is factual, complete and can be substantiated with invoices on file in the clerk or business manager's office of this district/institution.

Authorized Official Signature

Date